MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037589
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 202

FILED NOV 5 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0071
2 0071
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Butler — Length of stay in 1b: 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bates Co. Memorial Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Bates
c. CITY OR TOWN: Butler — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 302 N. High — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DAISY — Middle: D. — Last: CANNON

4. DATE OF DEATH: Month: Oct. — Day: 28 — Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-1-1881
9. AGE (last birthday): 81
IF UNDER 1 YEAR: Months: 7 Days: 27 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John K. Hulse
13b. MOTHER'S MAIDEN NAME: Elizabeth Adams
14. NAME OF HUSBAND OR WIFE: Walker Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Hobart Clarke — Address: K.C., Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Advanced generalized arteriosclerosis
DUE TO (c): Intertrochanteric fracture of right hip

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell in home

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Oct. 17 '62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in home
20f. CITY, TOWN, OR LOCATION: Butler — COUNTY: Bates — STATE: Mo.

21. I attended the deceased from 10-17-62, to 10-27-62 and last saw her/him alive on 10-27-62
Death occurred at 12:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R E Banks, M.D.
22b. ADDRESS: State Bank Bldg., Butler, Missouri
22c. DATE SIGNED: 10-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-30-1962
23c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
23d. LOCATION (City, town, or county) (State): Butler, Missouri

24. FUNERAL DIRECTOR: Culver-Underwood — ADDRESS: Butler, Mo.
25. DATE RECD. BY LOCAL REG.: 10-30-62
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 1962

JUN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert G. Steinbeck

Signature of Student Embalmer

Licensed Embalmer No. 4657

P.O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.